ENTRY BLAN	K	
PLEASE TYPE OF	RPRINT	Entered previous May Sho
		🔟 yes 🗐 no
☐ Ms.		
Mr. Artist		(Last Name Last)
Permanent Address		
		City
	Tel (100)	
Zip	Area Code	
Temporary Address		
		City
	Tel. (
Zip	Area Code	
Permanent addres	s is in what cou	mty?
Born in Cuyahoga		
Collaborator	If Any)	
If May Show entri		
Artist will pic Museum shou		
		t C.O.D. at this address:
Special Instruction		extrustions or a drawing of how
the object is to b		nstructions or a drawing of how displayed
		a display tal
		UR ONLY RECEIPT TO CLAIM
YOUR ENTRIES	. Do not lose it	

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature 1/2-

ENTRY BLANKS						
		sintings				
Medium or Materials						
Ye Llow	- 1	ma & C.K.	A pr			
The CREATH Commeter						
Price OF THES	Insurance Value		Size			
450,00	452.00 \$ 450.00					
GRAPHICS AND PHOTOGRAPHY ONLY						
Additional No. For	Sale	Total No. In Edition	Price Unframed	Price of Frames		
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☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts						
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